

**TESTIMONY TO THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS
COMMITTEE
SEPTEMBER 27, 2011**

Senator Fonfara, Representative Rowe, members of the Program Review and Investigations Committee, I am Stephen Becker, President and CEO of HARC, Inc., an organization that serves people with intellectual and related disabilities. Founded in 1951, HARC is a grassroots family organization that provides life span services including birth-to-three/early intervention, family support, respite, supported employment, adult day program, recreation, residential, behavioral health, elderly and advocacy services.

I submit my testimony today in response to the Committee's report, entitled "Provisions of Selected Services for Clients with Intellectual Disabilities", dated September 27, 2011. The report, which is impressive in its depth and scope, highlights concerns that private providers like HARC have raised for many years. While it is impossible to address every issue raised in the report, three points bear further consideration. First, we agree with the Committee's findings regarding deficiencies in the current rate-setting system. Second, we must find some means of addressing the wage disparities between direct care staff in the private and public sector that the Committee notes throughout the report. We believe this issue is also related to rate-setting. If the rates paid to private providers more accurately reflected the cost of providing care to the participants we serve, resources could be directed to closing the disparity in pay between state and private direct care staff. We were particularly struck by the Committee's observations on page 45 that "... even based on monetary compensation alone, there is a huge gap between the private and public sector employees who care for DDS clients." Finally, we too are increasingly concerned about the financially precarious circumstances many private providers face. While we are fortunate to count ourselves among the more financially stable providers, this stability

comes at a cost. We have not provided wage increases to our staff in over four years, health care costs have become simply unmanageable, and each year, more and more of our fundraising dollars go to supplement program costs that should be covered by the rates paid by the State.

Even with these sobering observations, the report makes concrete for many private providers what we have understood anecdotally for years –residential care for people with intellectual disability is considerably less costly when provided by the private sector, (and we would add) with no discernable degradation in the quality of care provided to participants. Figure 11-6 at the top of page 30 most graphically illustrates the difference in costs for care for essentially the same clients in a private and public residential setting. With that said, we also agree with the Committee’s assessment that “one should not risk quality in the interests of lowering costs.”(See page 7). Of course, we believe that there is no diminution in the quality of care provided to our residents in any of our homes.

It is imperative that we state our position clearly to the Committee today: We believe the debate over whether state or private provider care is “better” (however that may be defined), is most counterproductive, serving only to pit the private and public sector against one another and to lose sight of the real goal: providing alternatives to care to some of our most vulnerable citizens. The real question is whether the State of Connecticut can (and should) rely on private agencies like HARC to provide quality care to people with intellectual disability. In other words, greater attention should be paid to the idea that private agencies can provide services in a way that meets or exceeds client and family expectations and remains cost-effective. All along, private providers have simply asked for the opportunity to be assessed, each on their own terms, on their ability to provide a safe, viable and cost-effective alternative to providing care to people with intellectual disability. We are heartened that the Committee was willing to compare and

contrast state and private services, allowing a full and fair assessment of the strengths and challenges of each system.

For the past 60 years, HARC has proven that we have an unwavering commitment to excellence to every individual and family we serve. Even under the transition from a “master contract” to a more consumer focused individual contract payment system, we are proud to be selected by families new to private provider care and by those who choose return to HARC year after year.

Our commitment to excellence is inherent in our culture. We regularly solicit feedback from participants, families and self advocates. Participants with the capacity to do so provide direct feedback about their job coach or Resident Support Assistant as a regular part of the staff person’s performance assessment. Our Board of Directors, sixty percent of whom are families of participants or participants themselves, conduct regular program quality checks and report to HARC staff *all* of their findings. We host a self-advocacy group every month, where participants discuss challenges in their lives and seek support from others and staff. We also choose to apply for CARF accreditation, which includes a thorough assessment of every aspect of our programs, practices and services by applying standards that meet or exceed State licensing standards. We have received our CARF accreditation with the highest recommendations.

The families we encounter in their search for an appropriate Community Living Arrangement for their loved ones regularly report that the decision is one of the most difficult they face. While they have filled out countless forms, conferred with case managers, and received endless advice from family and friends, their decision remains very private. We believe the Committee’s report demonstrates that families can select a private provider with confidence, knowing that the providers are subject to the same licensing, inspection and accreditation

standards as State Community Living Arrangements. (See pp 55 – 58 of the Report, comparing the frequency and quality of quality assurance visits to private and state CLAs and those converted from state to private group homes.) While much is made of the debate over the “quality of care” in the public versus the private sector, we know that many staff who provide direct care to participants often work for the State and private providers simultaneously, essentially repudiating the notion that families should never consider a private provider, lest they subject their loved one to frighteningly substandard care by inexperienced, untrained staff. These pronouncements may make for salacious press, but they hardly reflect the reality that excellent staff work in both the public and private sectors.

In conclusion, we continue to encourage the Committee’s honest, courageous work in assessing the costs and quality of care for those with intellectual disability in the public and private sector. We look forward to recommendations that, above all, serve the best interests of people with intellectual disabilities and their families.

Thank you for your consideration.

Respectfully Submitted,

Stephen Becker, Ed.D